

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-3674.M5

MDR Tracking Number: M5-04-0640-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 30, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, joint mobilization, manual traction, data analysis, case management service, special reports, radiographic exams, work hardening, therapeutic procedure, ultrasound, electrical stimulation, and hot/cold pack therapy were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 11/15/02 to 06/06/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

January 16, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-0640-01

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 36 year-old male who sustained a work related injury on ----- . The patient reported that while at work he injured his low back by lifting bags. On 7/19/02 the patient underwent electro-diagnostic studies that indicated possible right tibial mono-neuropathy. An MRI of the lumbar spine was performed on 7/20/02 that indicated a L3-L4 and L5-S1 symmetric annular disc bulges, and a L4-L5 broad based posterior central discal substance herniation. The diagnoses for this patient have included facet syndrome, sciatica neuralgia or neuritis of sciatica nerve, muscle spasms and lumbar region segmental dysfunction. Treatment for this patient has included water therapy, medications, physical therapy, chiropractic treatment consisting of joint mobilization, manual traction, range of motion stretching and electrical stimulation. The patient also participated in a work hardening program.

Requested Services

Office visits, joint mobilization, manual traction, data analysis, case management service, special reports, radiographic exams, work hardening, therapeutic procedure, ultrasound, electrical stimulation, hot/cold pack therapy from 11/15/02 through 6/6/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 36 year-old male who sustained a work related injury to his low back on _____. The ----- chiropractor reviewer also noted that the diagnoses for this patient have included facet syndrome, sciatica neuralgia or neuritis of sciatica nerve, muscle spasms and lumbar region segmental dysfunction. The ----- chiropractor reviewer further noted that treatment for this patient's condition has included water therapy, medications, physical therapy, chiropractic treatment consisting of joint mobilization, manual traction, range of motion stretching and electrical stimulation. The ----- chiropractor reviewer indicated that the patient had conservative care for ten weeks but was not showing any real change in his pain pattern. The ----- chiropractor reviewer explained that the patient showed slight improvement in his range of motion on 1/23/03 but his pain remained the same. The ----- chiropractor reviewer noted that on 3/24/03 the patient was reported as saying that the conservative care he had received had failed. The ----- chiropractor reviewer explained that after 10-12 weeks of treatment without significant improvement there is no longer medical necessity for ongoing active and passive therapies. The ----- chiropractor reviewer also

explained that most of the treatment rendered to this patient could have been performed at home. The ----- chiropractor reviewer further explained that the care rendered to this patient did not cure or alleviate his pain, return the patient to work or promote recovery. Therefore, the ----- chiropractor consultant concluded that the office visits, joint mobilization, manual traction, data analysis, case management service, special reports, radiographic exams, work hardening, therapeutic procedure, ultrasound, electrical stimulation, hot/cold pack therapy from 11/15/02 through 6/6/03 were not medically necessary to treat this patient's condition.

Sincerely,
